Title VI ADA Complaint Form

<u>Title VI</u> of the 1964 Civil Rights Act requires that "No person in the United States shall, on the ground of race, color or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance."

<u>Americans with Disabilities Act</u> The Americans with Disabilities Act of 1990 (ADA) prohibits discrimination and ensures equal opportunity for persons with disabilities in employment, State and local government services, public accommodations, commercial facilities, and transportation.

Note: The following information is necessary to assist us in processing your complaint. Should you require any assistance in completing this form, please let us know.

SECTION 1

Complainants' Name:												
Street Address:	Number	Street		City	,	State	Zip					
Phone Number:	Ноте:		Business:		Cell:		·					
Email Address:												
Do you require any of	the following typ	es of commi	unication?	La	arge Print	Audio Tape	TDD					
Other:												
SECTION 2												
Are you filing this form	າ on your own be	ehalf?	Yes	No	If " Yes " jump	o to SECTION 3	If "No" finish SECTION 2					
Person discriminated against (if someone other than the complainant)												
Name:												
Address:	Number	Street		City		State	Zip					
Relationship:	ridinis of			City		Otato	<i>←1P</i>					
Explain why you are filing for a third party.												
Have you obtained t	he permission o	f the aggrieve	ed party to f	île on thei	r behalf?	Yes	No					

SECTION 3

Which of the following best describes the reason you believe the Discrimination took place?

	Race/Color	National Origin	Age	Disability	Other:			
Incident Date : Location:								
Explain	what happened	d and whom you believ	ve was resp	oonsible. <i>Pleas</i>	e use the back of th	nis form if additional space i	s required.	
Hav	e you previousl	y filed a Title VI compl	aint with th	nis agency?	Yes	No		
Hav	e you filed this	complaint with any otl	ner federal,	state, or local	agency; or any fe	ederal or state court?		
	Yes No	<u>If Yes, chec</u>	k all that ap	ply below				
	Federal Agency	y State Agency	Local	Agency	Federal Court	State Court		
	Provide contact	t information for the pe	erson at the	e agency or cou	ırt where the con	nplaint was filed.		
Name	e:			Title:				
Agen								
Addre Phon								
		iplaint is against:						
Conta				Title:				
Phon	e:							
	Please sigr	n below. You may attach an	y written mate	rials or other inform	ation that you think is	relevant to your complaint.		
_	Signature				Date			

Phone: 765-456-7400 | Fax: 765-456-7577